

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5927 S. Broadway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community..... **lyr.**
years, months or days)

8. (a) PRINT FULL NAME..... **Wistorine Vergeron**
(b) If veteran, name war..... **None**
(c) Social Security No..... **None**

4. Sex..... **Female**
5. Color or race..... **White**
6. (a) Single, widowed, married, divorced..... **Widowed**

6. (b) Name of husband or wife..... **Casimer Vergeron**
6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... **October 1 1862**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 6 8
.....hr.min.

9. Birthplace..... **Prairie Du Rocher Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **At Home**

11. Industry or business.....

12. Name..... **Unknown**

13. Birthplace..... **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Unknown**

15. Birthplace..... **Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Allice Fleischman**
(b) Address..... **5927 S. Broadway**

17. (a) **Burial** (b) Date thereof..... **April 11, 40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Mt. Hope Cemetery**

18. (a) Signature of funeral director..... **C. Hoffmeister N. L. Co.**

(b) Address..... **7814 S. Broadway**

19. (a) **APR 10 1940** (b) **J. B. [Signature]**
(Date of registration) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

Missouri
(a) State..... (b) County.....
(c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No..... **5927 S. Broadway**
(If rural, give location)
(e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **April** day..... **9**
year..... **1940** hour..... **10** minute..... **a** M.

21. I hereby certify that I attended the deceased from..... **March 1936**
to..... **March 29, 1940** to..... **March 29, 1940**
that I last saw her alive on..... **March 29, 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Chronic Myocarditis**
Duration..... **5 years**

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place)
(e) Means of injury.....

23. Signature..... **Max E. Starnoff** (M. D. or other)

Address..... **512 Owen Plank** Date signed..... **4/9/40**

Done at Va

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed

Edwin H. Leubinger

Licensed Embalmer No. *4049*

P. O. Address

6464 Chippewa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.